

FREDERICK COUNTY, MARYLAND
TREASURER'S OFFICE
30 N. Market Street
Frederick, MD 21701
Phone (301) 600-1111 Fax (301) 600-2347
www.FrederickCountyMD.gov

FREDERICK COUNTY HOTEL ROOM RENTAL TAX REPORT

<u>Name:</u> _____	
<u>Address:</u> _____ _____ _____	
<u>Phone:</u> _____	<u>Fax:</u> _____
<u>Room Rental Tax Account Number:</u> _____	
<u>Due Date:</u> 21st day after month of report	<u>Period (Month/Yr) for:</u> _____

IMPORTANT

This report with remittance for tax shall be made on or before the 21st day of each month, covering the sales and amount of tax collected during the preceding calendar month or be subject to loss of discount plus interest and penalty charges.

A return must be filed even though no tax is due.

Note: If there is a change of ownership, file two separate returns providing date of occurrence

I. ROOM RENTAL DATA

- | | |
|---|--------------|
| 1. Gross Room Rental Receipts (excluding all room tax) | \$ _____ |
| 2. Less Room Rental Receipts from Non-Transients (length of stay > 30 days) | \$ (_____) |
| 3. Net Room Rental Receipts Subject to Tax (Line 1 less Line 2) | \$ _____ |

II. TAX COMPUTATION

- | | |
|---|--------------|
| 4. Tax Collected and Remitted Herewith (3% of Line 3 Above) | \$ _____ |
| 5. Less Expense Credit (1.5 % of Line 4) if paid by due date | \$ (_____) |
| 6. Plus Interest (.5% per month or fraction of a month on late unpaid tax) | \$ _____ |
| 7. Plus Penalty (10% on unpaid tax after 1 month past due date) | \$ _____ |
| 8. Total Tax Due (Line 4 less Line 5 or Line 4 plus Line 6 and possibly 7) | \$ _____ |

(Make check payable to **Frederick County, Maryland**, mail one copy of report with remittance to above address)

I declare under penalty of perjury, that this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Signature

Title

Date

Type or print name of signer

Space reserved for cashier	
Credit: 31-0000-40308-000000	\$ (Line 8 sum)